

Refining High-Throughput *In Vitro-In Vivo* Extrapolation Modeling through Incorporation of Intestinal Toxicokinetics

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Background

The Toxic Substances Control Act (TSCA) authorizes the U.S. Environmental Protection Agency (EPA) to regulate commercially available substances that do not fall under the jurisdiction of other federal regulations. As of February 2022, there were **42,039** chemicals listed on the TSCA active inventory. Given this number, there is a clear need for a high-throughput (HT) risk-based prioritization and assessment.

HT screening (HTS) for toxicity and toxicokinetic (TK) data are often used with *in vitro-in vivo* extrapolation (IVIVE) modeling to allow the conversion of *in vitro* points of departure (POD) and steady state blood concentration (C_{ss}) values to an administered equivalent dose (AED) in mg/kg/day.

This represents the chemical quantity in mg/kg/day required to achieve an *in vitro* concentration that can be used as an estimate for *in vivo* POD.

42,039 Active Chemicals



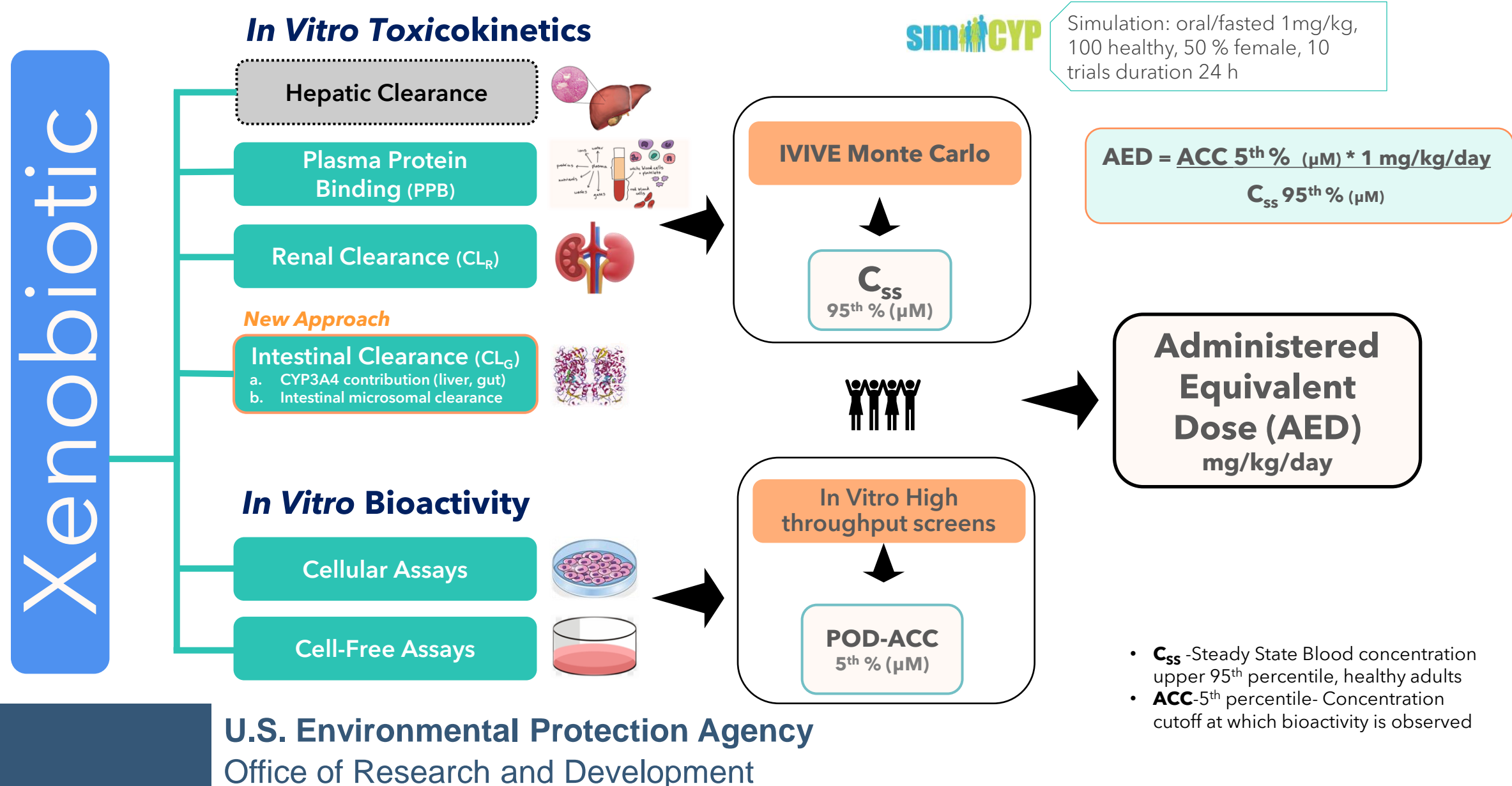
Risk-Based Prioritization

The current HT IVIVE modeling system exhibits a gap between predicted AED levels and actual *in vivo* low effect levels (i.e., PODs) observed in animal studies. This is partially because the HT IVIVE model only considers plasma protein binding (PPB) and hepatic clearance TK data, thus oversimplifying the whole-body metabolism contribution to chemical clearance. Comparing predicted AEDs to *in vivo*-derived PODs, the model proved to be on average 100-fold more conservative.

This study attempts to narrow this gap by incorporating extrahepatic clearance data, namely intestinal clearance, through consideration of CYP3A4 enzymatic contribution to potentially improve the HT IVIVE model prediction capability.

<https://www.epa.gov/tscs-inventory/how-access-tscs-inventory>
Gunder-Remy U et al., Drug Metabolism Review (2014) DOI:10.3109/03602532.2014.900565

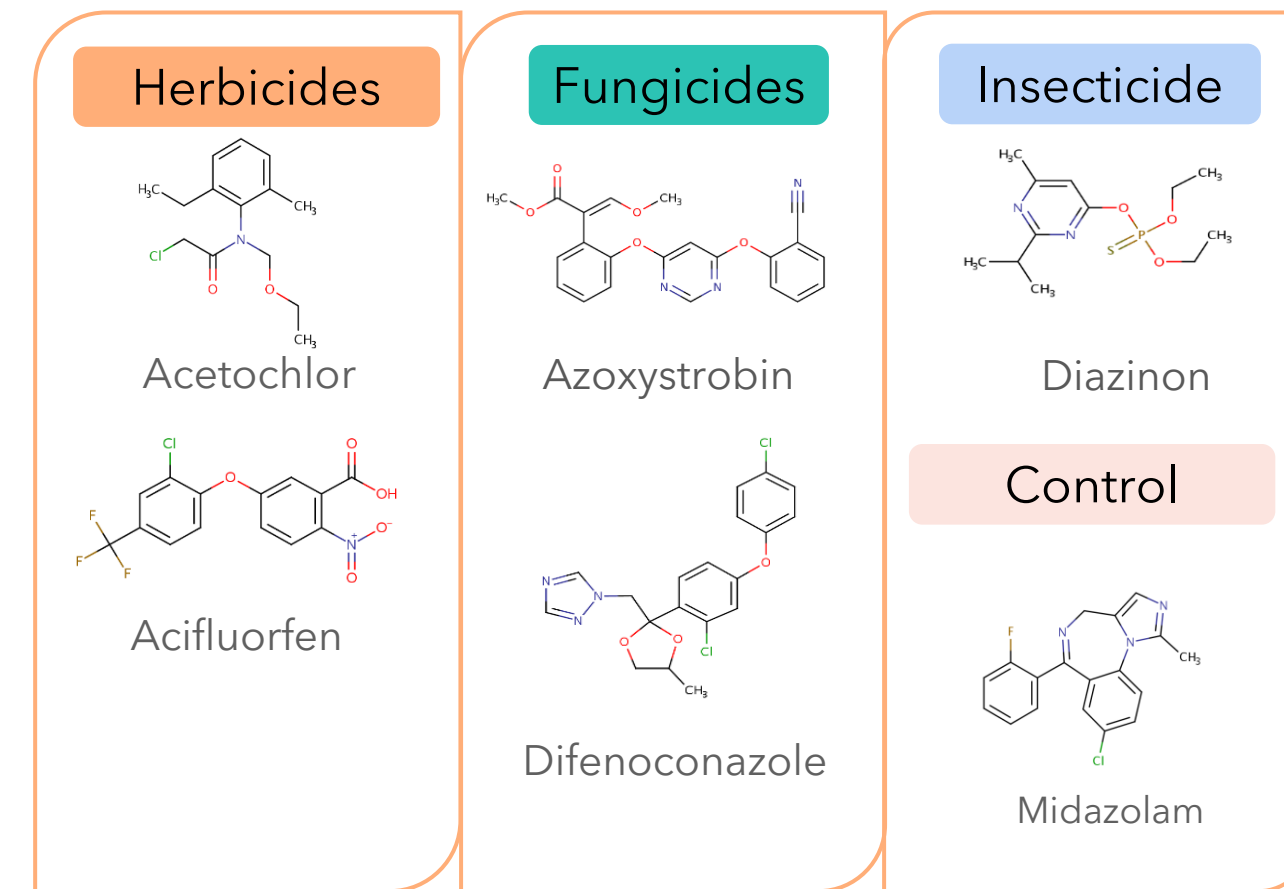
In Vitro In Vivo Extrapolation (IVIVE)



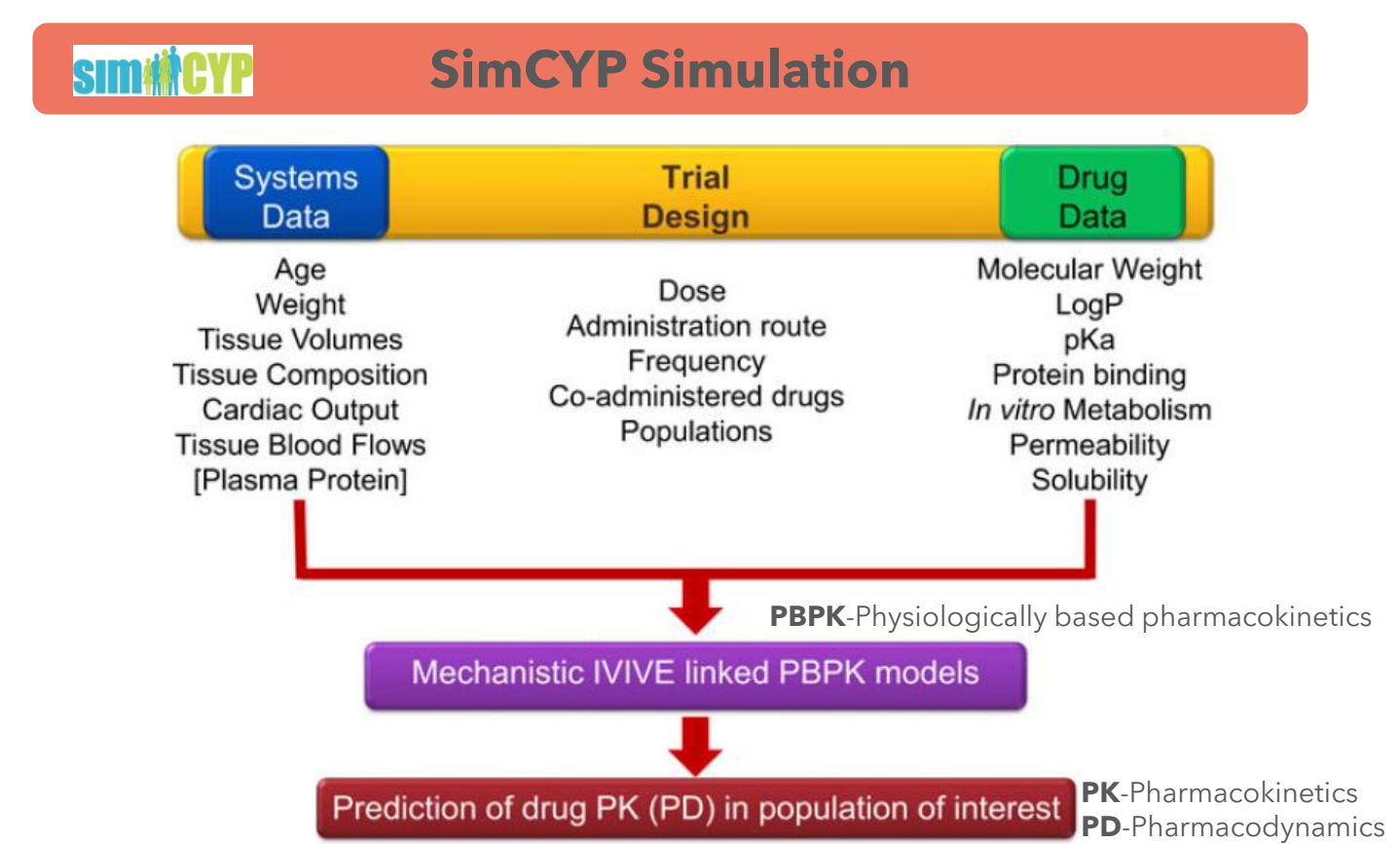
U.S. Environmental Protection Agency
Office of Research and Development

Wetmore B. A., Toxicology (2015) DOI:10.1016/j.tox.2014.05.012

Tested Compounds and Modeling



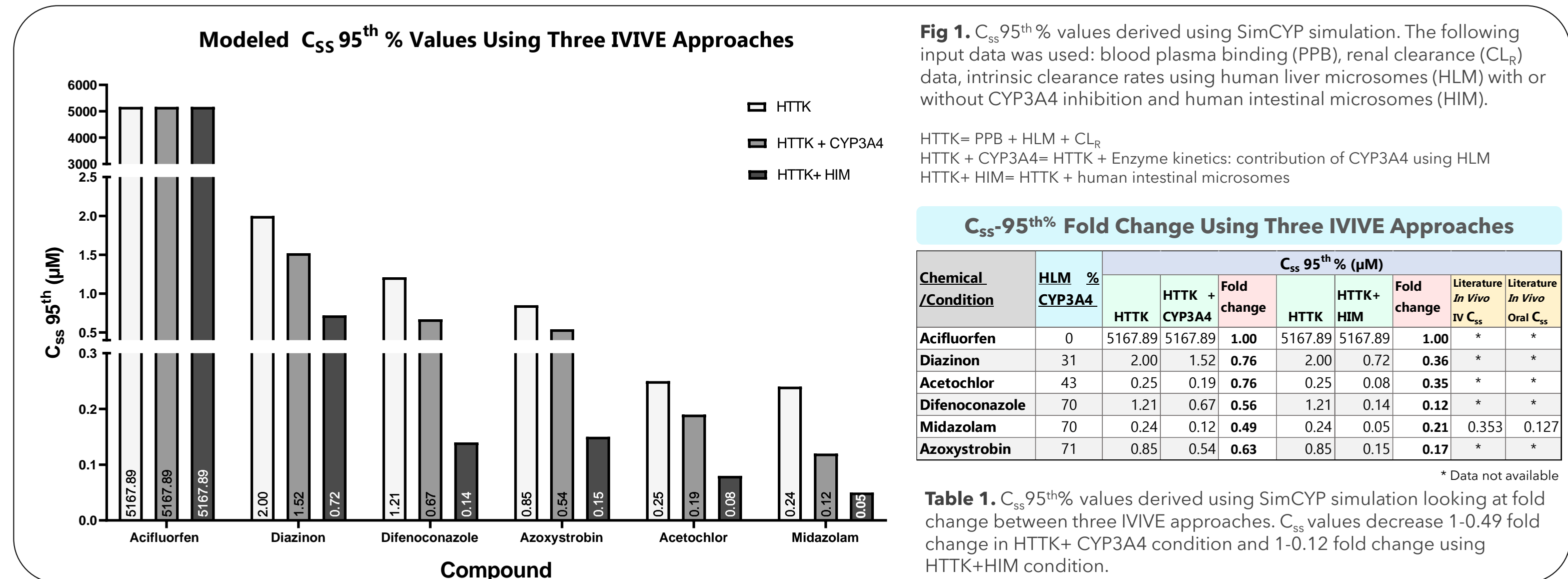
Targeted LC-MS/MS or GC-MS/MS methods were developed for the following compounds to be tested for PPB and Liver/intestinal microsome clearance. 6 more compounds in progress.



SimCYP simulation to acquire representative C_{ss} in a diverse population.

<https://comptox.epa.gov/dashboard/>
<https://www.certara.com/software/simcyp-pbpbk/>
Jamei M., Curr Pharmacol Rep (2016) DOI 10.1007/s40495-016-0059-9

Toxicokinetic In Vitro Studies and Modeling

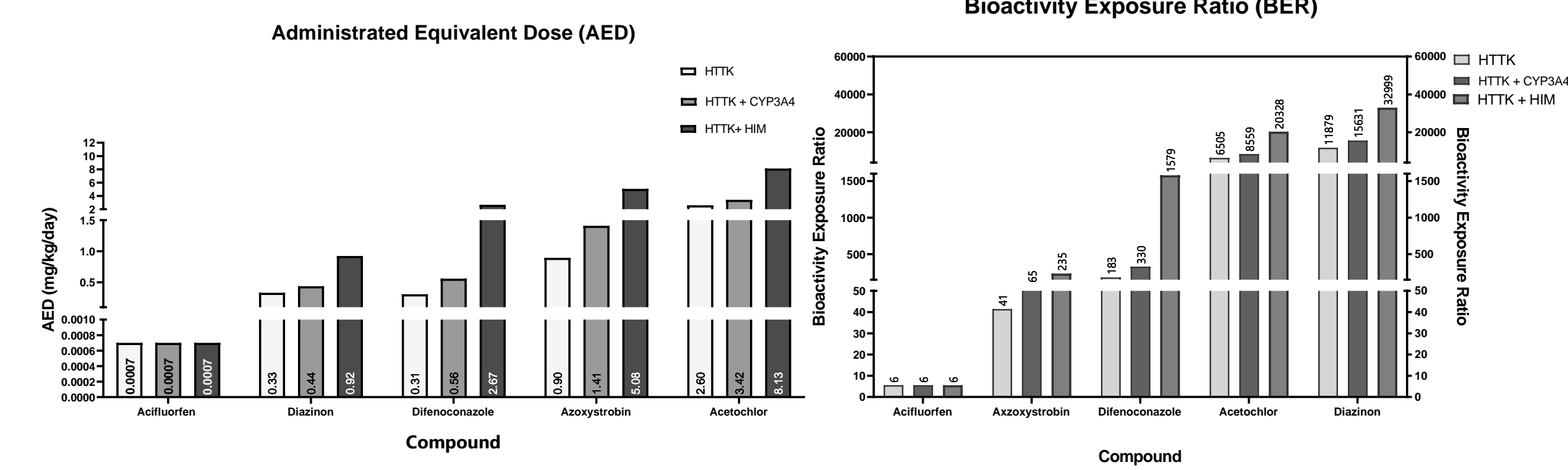


| SimCYP Derived TK Comparing Three IVIVE Approaches | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|---------------|-----------|-----------------|---------------|-----------|-----------------|---------------|-----------|-----------------|---------------|-----------|-----------------|---------------|-----------|-----------------|---------------|-----------|--|--|--|--|--|--|--|--|
| Parameters | Symbol | HLM * % CYP3A4 | | | HLM 31 % CYP3A4 | | | HLM 43 % CYP3A4 | | | HLM 70 % CYP3A4 | | | HLM 70 % CYP3A4 | | | HLM 71 % CYP3A4 | | | | | | | | | | |
| | | Acifluorfen | | | Diazinon | | | Acetochlor | | | Difenoconazole | | | Midazolam | | | Azoxystrobin | | | | | | | | | | |
| | | HTTK | HTTK + CYP3A4 | HTTK+ HIM | HTTK | HTTK + CYP3A4 | HTTK+ HIM | HTTK | HTTK + CYP3A4 | HTTK+ HIM | HTTK | HTTK + CYP3A4 | HTTK+ HIM | HTTK | HTTK + CYP3A4 | HTTK+ HIM | HTTK | HTTK + CYP3A4 | HTTK+ HIM | | | | | | | | |
| Steady state blood concentration | C _{ss} -95 th (μM) | 5167.89 | 5167.89 | 5167.89 | 2.00 | 1.52 | 0.72 | 0.25 | 0.19 | 0.08 | 1.21 | 0.67 | 0.14 | 0.24 | 0.12 | 0.05 | 0.85 | 0.54 | 0.15 | | | | | | | | |
| Clearance | CL (L/h) | 0.01 | 0.01 | 0.01 | 22.99 | 22.44 | 22.99 | 112.67 | 110.49 | 112.67 | 25.83 | 25.19 | 25.83 | 72.77 | 72.54 | 72.77 | 36.48 | 35.84 | 36.48 | | | | | | | | |
| Oral plasma clearance | CL _{po} (L/h) | 0.01 | 0.01 | 0.01 | 45.92 | 58.79 | 194.10 | 416.01 | 512.19 | 1839.89 | 56.82 | 147.70 | 972.59 | 354.10 | 1060.75 | 3174.69 | 79.78 | 140.83 | 890.90 | | | | | | | | |
| Fraction escaping hepatic elimination | F _h (Sub) | 1.00 | 1.00 | 1.00 | 0.86 | 0.85 | 0.86 | 0.64 | 0.62 | 0.64 | 0.82 | 0.83 | 0.83 | 0.55 | 0.55 | 0.55 | 0.82 | 0.82 | 0.82 | | | | | | | | |
| Fraction escaping gut metabolism | F _g (Sub) | 1.00 | 1.00 | 1.00 | 1.00 | 0.9 | 0.49 | 1.00 | 0.90 | 0.48 | 1.00 | 0.67 | 0.17 | 1.00 | 0.62 | 0.29 | 1.00 | 0.74 | 0.24 | | | | | | | | |
| Fraction of substrate absorbed from the gut | f _a (Sub) | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | | | | | | | | |
| Bioavailability of the substrate | F (Sub) | 1.00 | 1.00 | 1.00 | 0.83 | 0.69 | 0.34 | 0.60 | 0.49 | 0.23 | 0.80 | 0.46 | 0.11 | 0.51 | 0.26 | 0.11 | 0.80 | 0.53 | 0.16 | | | | | | | | |

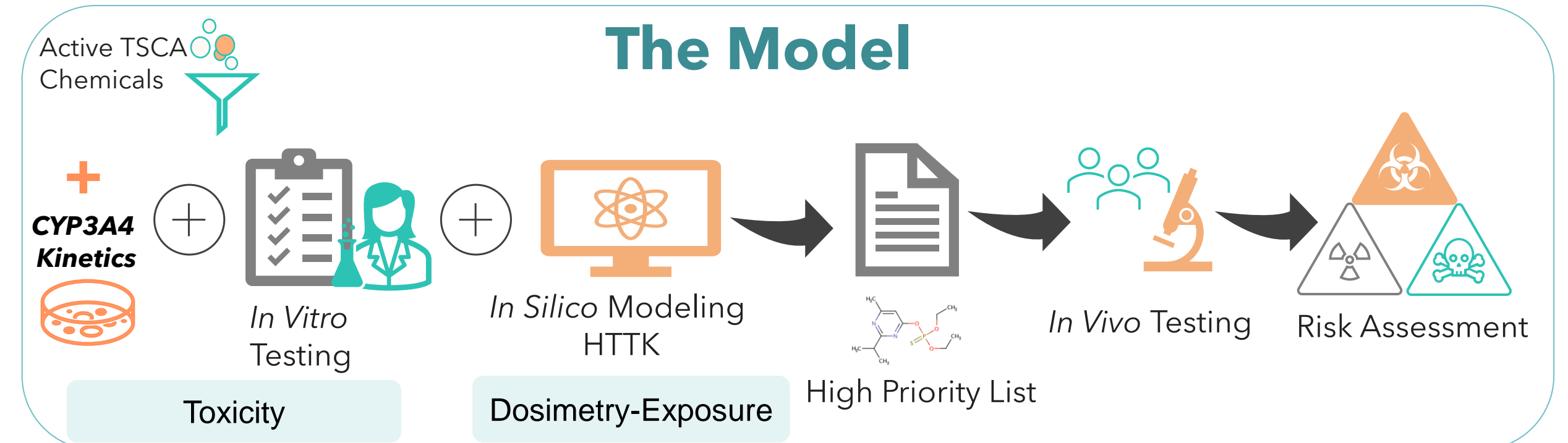
Table 2. SimCYP simulation parameters results for three IVIVE approaches for data from Fig 1.

Smith MT et al., Eur J Clin Pharmacol (1981) DOI 10.1007/s40495-016-0059-9

Administered Equivalent Dose and Bioactivity



POD-ACC 5th % values from CompTox Chemicals Dashboard
<https://comptox.epa.gov/dashboard/chemical/invitrodb/>



Summary and Future Work

- This study presents an **IVIVE** approach that incorporates intestinal clearance into estimates of C_{ss} concentration through the consideration of **CYP3A4** contribution and *in vitro* human intestinal microsome clearance rates.
- Adding CYP3A4 enzyme kinetics to the HTTK approach decreases steady state concentration values. In the highly CYP3A4 biotransformed compounds (i.e., over 70 % CYP3A4 contribution) like Difenoconazole, Azoxystrobin and Midazolam, we saw a decrease of 37-50 % in the C_{ss} 95th % values.
- SimCYP simulation using HTTK-HIM data for the highly CYP3A4 biotransformed compounds, resulted in as much as 79-88 % decrease in C_{ss} 95th % values compared to default HTTK.
- When comparing our C_{ss} 95th % modeled Midazolam values to human *in vivo* data, we saw an agreement between our HTTK-CYP3A4 C_{ss} 95th % value and the *in vivo* oral administered dose C_{ss} (Smith et al., 1981).
- Calculations of AED and BERs demonstrate the differences that intestinal clearance consideration could make in risk-based prioritization assessment.

Future Work

- Complete data generation across all 12 compounds
- Incorporate *in vitro* intestinal absorption data and evaluate impact on the IVIVE approach
- Evaluate factors contributing to the differences between CYP3A4 and HIM IVIVE approach

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